

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Shorr Johnson Magnus			Date of Public Distribution/Dissemination 06 / 03 / 2016		
Mailing Address 100 N 20th St Ste 201			Amount 5500.00		
City Philadelphia		State PA	Zip Code 19103-1454		Transaction ID : VN7GBA1ADD4
Purpose of Expenditure Media Production Costs - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH		
Calendar Year-To-Date Per Election for Office Sought 2541291.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination 06 / 03 / 2016		
Mailing Address 3050 K St NW Ste 100			Amount 618363.00		
City Washington		State DC	Zip Code 20007-5108		Transaction ID : VN7GBA1ADB8
Purpose of Expenditure Media Buy		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Rob Portman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH		
Calendar Year-To-Date Per Election for Office Sought 2541291.20			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			623863.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Rebecca Lambe</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 06 / 03 / 2016		